MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	NO.	OCF.	NO.	OCF.	NO.	OCF.		NO.	OCF.	NO.	OCF.	NO.	OCF.
1							51						
2							52						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL NO.					1		TOTAL NO.						
TOTAL DEP.							TOTAL DEP.						
TOTAL					8		TOTAL						